Bringing Annual Anxiety Screening to the Center for Women's Health: A Quality Improvement Project

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INTRODUCTION

Background: Anxiety disorders in women have a lifetime incidence of 30.5%.[1] Prior anxiety screening protocols utilized the association between anxiety and depression, which has a lifetime comorbidity of 59.2%, to limit anxiety screening to patients complaining of mood disorder symptoms and those identified as at-risk for depression.[2] The primary care clinic at the Center for Women's Health (CWH) accomplished this screening during health maintenance visits using a Screening, Brief Intervention and Referral to Treatment (SBIRT) form.

In 2020, the Women's Preventative Services Initiative released a new recommendation stating that all women should be screened annually for anxiety.[3] One of the goals of this recommendation was to better account for the population of women suffering from anxiety without any comorbid mood disorders. This project sought to incorporate annual anxiety screening into the health maintenance workflow at the CWH primary care clinic.

Primary Aim: Increase the monthly percentage of individuals screened for anxiety, among patients 18 years and older who were due for and completed health maintenance screening during a new patient, Medicare Wellness or annual wellness visit, to **70%** by including the Generalized Anxiety Disorder-2 (GAD-2) questionnaire on an updated clinic Annual Behavioral Health Screening Form (previously the SBIRT form).

Secondary Aim: Increase the monthly percentage of individuals connected to appropriate resources and treatment among patients who are identified to have an underlying anxiety disorder.

METHODS

Design: Quality Improvement, EPIC Chart Review

Setting: OHSU Center for Women's Health, primary care clinic

Quality Improvement Team: Included providers, nurses, medical assistants, and front office staff.

- April Sweeney M.D., with CWH Behavioral Health and Wellness, created a flow chart to assist providers with recommending appropriate treatments relative to the severity of the GAD-7 score.

Updated Form and Workflow: The Annual Behavioral Health Screening form was updated to include the GAD-2. Patients with a positive GAD-2 score then received the Generalized Anxiety Disorder-7 (GAD-7).

Chart Review Participants: Randomized sample of patients 18 years and older who were due for and completed health maintenance screening at a new patient, Medicare Wellness, or annual wellness visit.

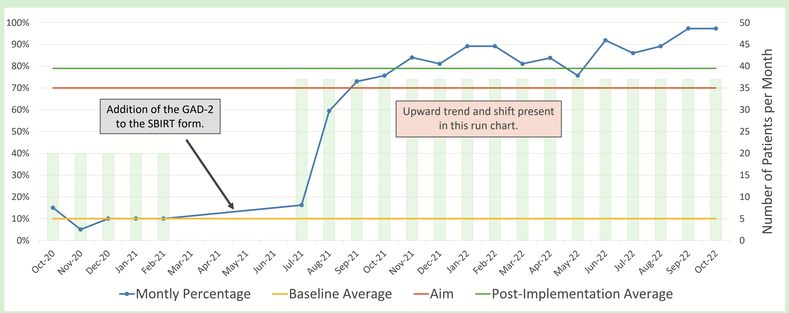
Measurements: Conducted a chart review to obtain monthly percentages. Baseline data was collected from October 2020 to February 2021 (n = 20/month). Post-implementation data was collected from July 2021 to October 2022 (n = 37/month). Analysis was conducted using run charts. A provider survey was distributed post-implementation to assess clinic satisfaction with regards to the new workflow.

RESULTS

Outcome Measures

- The average monthly percentage of patients screened annually for anxiety increased from 10% to 79% after the inclusion of the GAD-2 questionnaire **[Figure 1]**. Of those screened with a GAD-2, 18% scored positive.

Figure 1: Monthly Percentage of Patients Screened for Anxiety Among Those Who Completed Health Maintenance Screening During a Wellness Visit

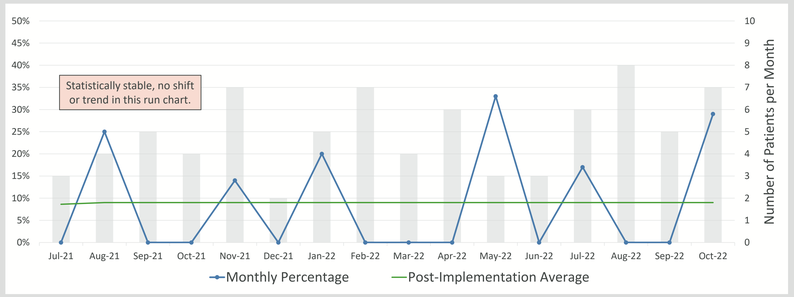


- The average percentage of patients diagnosed with anxiety during a wellness visit increased from 2% to 5%, but no shift was seen in the run chart.
- The average percentage of patients counseled on anxiety treatments during a wellness visit increased from 10% to 15%. The percent counseled to start new therapy or adjust medications increased from 3% to 6%.

Process Measures

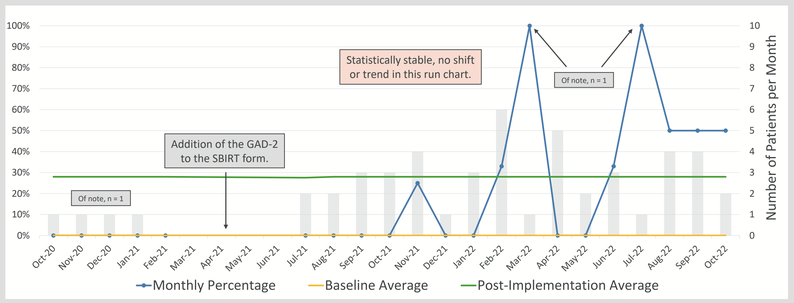
- On average, 9% of patients with a positive GAD-2 score did not receive follow up with a GAD-7 **[Figure 2]**.

Figure 2: Monthly Percentage of Patients with a Positive GAD-2 Score Who Did Not Receive Follow Up with the GAD-7



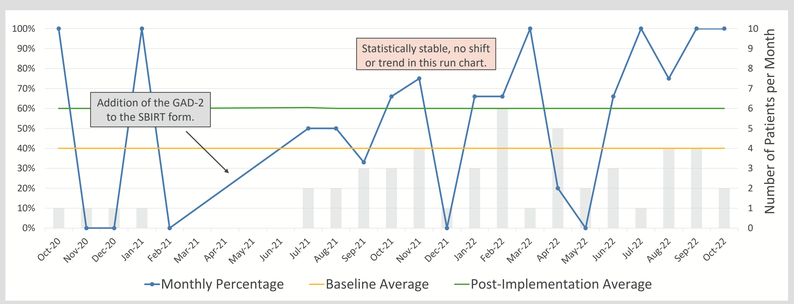
- Among patients with a positive GAD-2, 60% scored moderate or severe on the GAD-7 (scores suggestive of an underlying anxiety disorder).
- Post-implementation, 62% of patients with a positive GAD-2 and 60% of patients with a moderate or severe GAD-7 had a history of an anxiety disorder. The small baseline sample size limited effective comparison.
- On average, 28% of patients with a moderate or severe GAD-7 score were newly diagnosed with an anxiety disorder **[Figure 3]**. This appears stable overall. The baseline average was likely skewed by the sample size.

Figure 3: Monthly Percentage of Patients with a Moderate or Severe GAD-7 Score Who Were Newly Diagnosed with an Anxiety Disorder



- Among patients with a moderate or severe GAD-7 score, 60% received counseling on anxiety treatments during a wellness visit **[Figure 4]**. This appears stable post-implementation.
- Of those who were counseled, 50% were referred to therapy or encouraged to add or adjust a medication.

Figure 4: Monthly Percentage of Patients Receiving Counseling on Anxiety Treatments Among Those with a Moderate or Severe GAD-7 Score



Balancing Measures

- The average visit duration increased slightly around November 2021. This change took place months after updating the annual screening form and is therefore unlikely to be statistically related **[Figure 5]**.

Figure 5: Average Visit Duration in Minutes

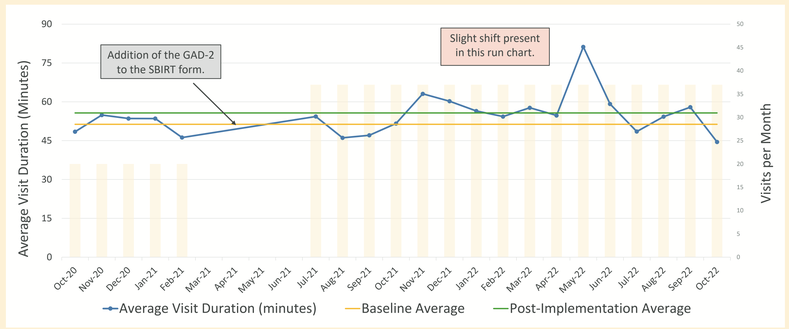


Figure 6: Average Ratings from Provider Satisfaction Survey

Question 1: The GAD-2 is sufficient for screening? ➔ **4.4**/5

Question 2: Provider has sufficient time to address concerns during visits? ➔ **3.8**/5

Question 3: Health maintenance exams typically run on time? ➔ **3.8**/5

Question 4: For patients who screen positive, provider has time to counsel on treatment? ➔ **3.2**/5

Question 5: Overall satisfaction with the addition of the GAD-2 to the SBIRT form? ➔ **4.8**/5

CONCLUSIONS

- The addition of the GAD-2 to the Annual Behavioral Health Screening form increased the number of patients screened annually for anxiety during health maintenance and new patient visits.
- After adding the GAD-2, there was a small increase in the percent of patients who received a new diagnosis of an anxiety disorder and who received counseling on treatment options during health maintenance visits. Though slight, and not significant for the new diagnosis variable, this change suggests that more patients may be addressing their mental health concerns with their providers and receiving supportive resources.
- The change in workflow was satisfactory and adopted with relative ease. It did not appear to disrupt the diagnosis or management of patients identified to have a potential underlying anxiety disorder.
- The patient population remained stable following the addition of the GAD-2 to the annual screening form. This suggests that the noted outcomes are more likely related to the new screening protocol as opposed to a change in the prevalence of anxiety disorders within the CWH patient population.
- While there is a slight increase in the average visit duration following the addition of the GAD-2, it appears unrelated. The cause is likely multifactorial and potentially influenced by fluctuations in the pandemic.

Limitations: Small samples for process measures. Data collection and elements of analysis were hand-done.

FUTURE DIRECTIONS

- Reduce the percentage of patients who fail to receive appropriate screening follow-up. Consider a different screening tool entirely.
- Explore opportunities to incorporate dot phrases or flowsheets into the EHR for ease of documentation and future data collection and analysis. This could aid in expanding this screening other clinic sites.
- If wellness visits continue to be prolonged, identify potential causes for future quality improvement work.

REFERENCES

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3. Gregory KD, Chelmow D, Nelson HD, et al. Screening for anxiety in adolescent and adult women: A recommendation from the women's preventive services initiative. *Annals of internal medicine*. 2020;173(1):48-56. doi: 10.7326/M20-0580.